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**** CONTINUING DATA *******

This application is a CIP of 09/602,537 06/23/2000 PAT 6,605,038 which is a CIP of 09/595,660 06/16/2000

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 10/01/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 19	TOTAL CLAIMS 151	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>[Initials]</i> Initials			

ADDRESS

23861

TITLE

Apparatus for monitoring health, wellness and fitness

FILING FEE RECEIVED 1614	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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